

# Student Health And Risk Prevention



## 2007 SHARP Survey Prevention Needs Assessment (PNA) Results

State of Utah

Department of Human Services

Division of Substance Abuse and Mental Health

Report Prepared On 10/05/2007 By:

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## Introduction

## 2007 Bear River District Prevention Needs Assessment Survey Report

This report summarizes the findings from the Utah 2007 Prevention Needs Assessment (PNA) Survey that was conducted as part of the Student Health and Risk Prevention (SHARP) Statewide Survey. The survey was administered to students in grades 6, 8, 10, and 12 in 38 school districts across Utah.

The results for your region are presented along with comparisons to 2003 and 2005 SHARP Survey results, where applicable. The PNA Survey was designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict these adolescent problem behaviors.

Table 1 contains the characteristics of the students who completed the survey from your region and the State of Utah. Because not all students answer all of the questions, the number of students in the gender and ethnicity categories in Table 1 will often be less than the

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total number of students listed in grades 6 through 12.

When using the information in this report, please pay attention to the number of students who participated from your community. If **60% or more** of the students participated, the report is a good indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 60% participated, a review of who participated should be completed prior to generalizing the results to the entire community.

Coordination and administration of the Utah PNA Survey was a collaborative effort of State of Utah, Department of Human Services, Division of Substance Abuse and Mental Health; Office of Education; Department of Health; and Bach Harrison, L.L.C. For more information about the PNA or prevention services in Utah, please refer to the *Contacts for Prevention* section at the end of this report.

## How to Read the Charts Presented in This Report: Substance Use and Antisocial Behavior, Gambling, Risk, and Protection

There are four types of charts presented in this report: 1) substance use charts, 2) antisocial behavior and gambling charts, 3) risk factor charts, and 4) protective factor charts. All the charts show the results of the 2007 PNA Survey compared to the 2003 and 2005 results. The actual percentages from the charts are presented in Tables 3 Table through 10. 11 contains information for the Drug Free Communities Report, and Table 12 contains additional data for prevention planning and reporting to state and federal agencies.

	Tak	ole 1. Cha	racterist	ics of Pa	rticipants	<del></del>	<u>"</u>	<u>"</u>						
Student Totals														
	Regio	n 2003	Regio	n 2005	Regio	n 2007	State	2007						
Total Students	Number	Percent	Number	Percent	Number	Percent	Number	Percent						
	534	100	5544	100	4870	100	46152	100						
Grade														
6	106	19.9	1793	32.3	1770	36.3	14547	31.5						
8														
10	95 17.8 1245 22.5 836 17.2 10164 22													
12	93 17.4 895 16.1 666 13.7 8074													
Gender														
Male	248	46.7	2664	48.7	2267	47.2	21987	48.3						
Female	283	53.3	2811	51.3	2541	52.8	23576	51.7						
Ethnicity*														
Native American	4	0.8	121	2.2	138	2.7	1924	3.8						
African American	6	1.2	47	0.9	82	1.6	1282	2.6						
Hispanic	28	5.4	375	6.8	439	8.7	5632	11.3						
White	468	90.0	4624	84.3	4278	84.5	38909	77.8						
Asian	1	0.2	77	1.4	86	1.7	1317	2.6						
Pacific Islander	2	0.4	24	0.4	41	0.8	919	1.8						
*In 2007, students could ma	ark more tha	n one ethnic	category.	Der	mographic	Data Revis	ion Date: 1	11/20/2007						

## **How to Read the Charts in this Report (continued)**

## Substance Use, Antisocial Behavior, and Gambling Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- Heavy use includes binge drinking (having five or more drinks in a row during the two weeks prior to the survey), use of one-half a pack or more of cigarettes per day, and need for alcohol, drug, and a combined scale for students that need either alcohol OR drug treatment. The need for treatment is defined as students who have used alcohol or drugs on ten or more occasions in their lifetime and marked three or more of the following six items related to their past year drug or alcohol use: 1) spent more time using than intended, 2) neglected some of your usual responsibilities because of use, 3) wanted to cut down on use, 4) others objected to your use, 5) frequently thought about using, 6) used alcohol or drugs to relieve feeling such as sadness, anger, or boredom. Students could mark whether these items related to their drug use and/or their alcohol use.
- Antisocial behavior (ASB) is a measure of the percentage of students who report any involvement during the past year with the eight antisocial behaviors listed in the charts. In the charts, antisocial behavior is abbreviated as ASB.

- **Gambling behavior** charts show the percentage of students who engaged in each of the 10 types of gambling along with the percentage for any gambling behavior during the past year.
- Dots and Diamonds. The dots on the charts represent the percentage of all of the youth surveyed across Utah who reported substance use, problem behavior, elevated risk, or elevated protection. The diamonds represent national data from either the Monitoring the Future Survey or the 8-State Norm (See page 4, The 8-State Norm). A comparison to the state-wide and national results provides additional information for your community in determining the relative importance of levels of ATOD use, antisocial behavior, risk, and protection. Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

## **Risk and Protective Factor Charts**

The risk and protective factor charts show the percentage of students at risk and with protection for each of the risk and protective factor scales. The risk and protective factor scales measure specific aspects of a youth's life experience that predict whether he/she will engage in problem behaviors. A definition of each risk and protective factor scale is contained in Table 2. The factors are grouped into four domains: community, family, school, and peer/individual.

The Bars on the risk and protective factor charts, represent the percentage of students whose answers reflect significant risk or protection. There are bars for the last three administrations of the PNA: 2003, 2005, and 2007. By looking at the percentage of youth at risk and with protection over time, it is possible to determine whether the percentage of students at risk or with protection is increasing, decreasing, or staying the same. This information is important when deciding which risk and protective factors warrant attention.

## **How to Read the Charts in this Report (continued)**

The 8-State Norm diamond on the charts allows a comparison between the levels of risk and protection in your community and a more national sample. The 8-State Norm value for each risk and protective factor scale represents the percentage of youth at risk or with protection for eight states across the country. In developing the 8-State Norm, the contribution of each of eight states was proportional to its percentage of the national population which helps to make the results more representative of youth nation-wide. A comparison between the ATOD use rates from the 8-State database and those from the national Monitoring the Future survey showed the rates to be very similar, which provides added confidence in the validity of the 8-State Norm. Brief definitions of the risk and protective factors scales are provided in Table 2 following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

## Youth with High Risk and Protection

Along with the risk and protective factor scales, there is a bar for each chart that shows the percentage of students at high risk for each risk factor chart and the

percentage of students with high protection for each protective factor chart. The percentage of youth at high risk is defined as the percentage of students who have more than a specified number of risk factors operating in their lives. For 6th grade students, it is the percentage of students who have 7 or more risk factors, for 7<sup>th</sup> and 8<sup>th</sup> grades it is 8 or more risk factors, and for 9<sup>th</sup> through 12<sup>th</sup> grades it is 9 or more risk factors. The percentage of youth with high protection is defined as the percentage of students in 6<sup>th</sup> grade with 4 or more protective factors and in 7<sup>th</sup> through 12<sup>th</sup> grades who have 5 or more protective factors operating in their lives.

## **Additional Survey Results**

Tables 11 and 12 contain information of interest to schools and communities. Table 11 contains information that needs to be reported by communities with Drug Free Communities Grants such as the perception of the risk of ATOD use; perception of parent and peer disapproval of ATOD use; past 30-day use, and average age of first use. Table 12 contains information such as school safety, discipline, and students' perception of other students' ATOD use.

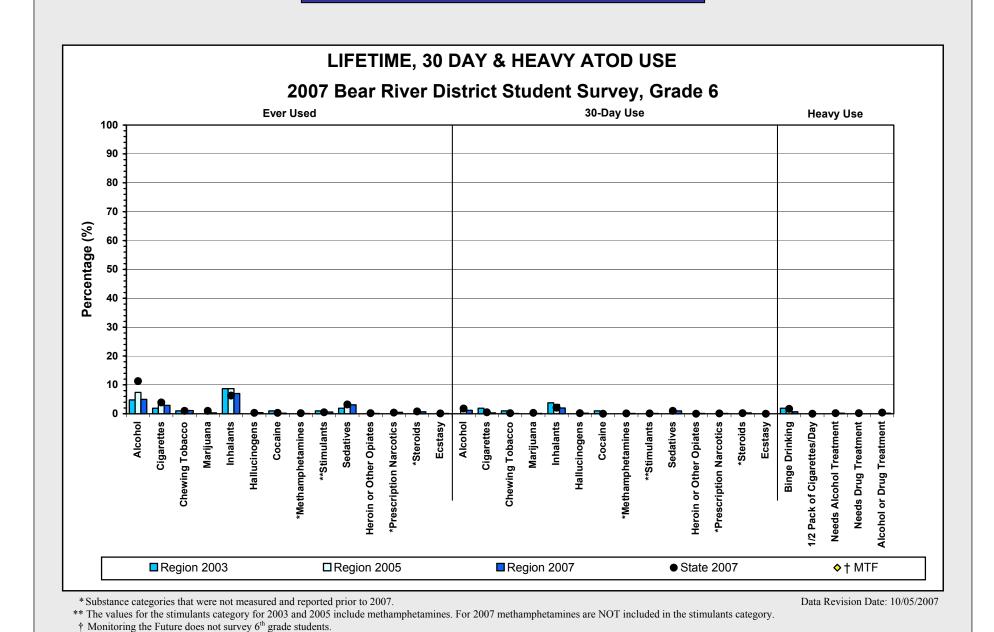
## **Practical Implications of the PNA**

### No Child Left Behind

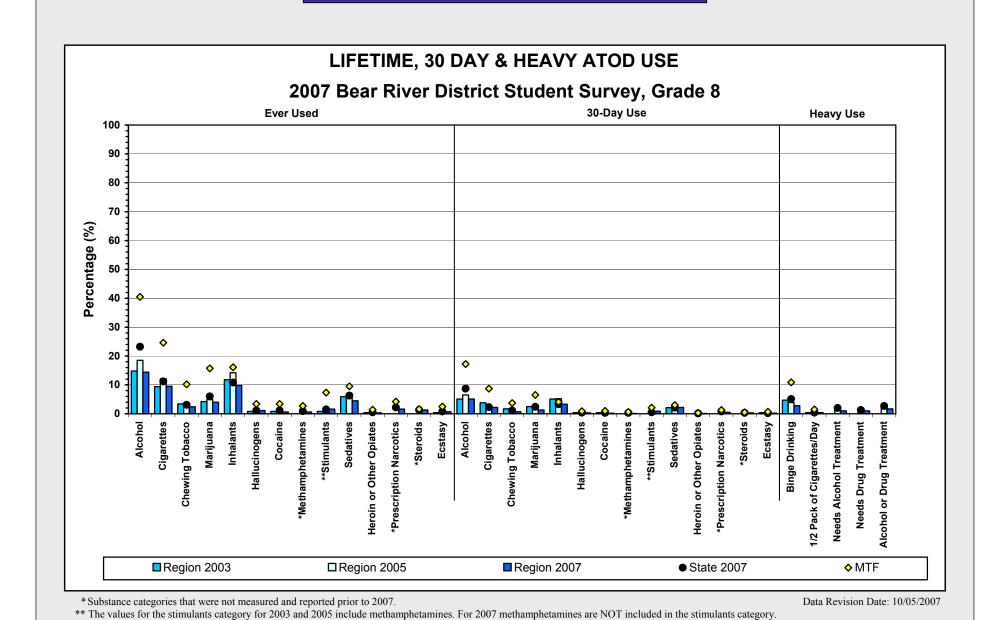
The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

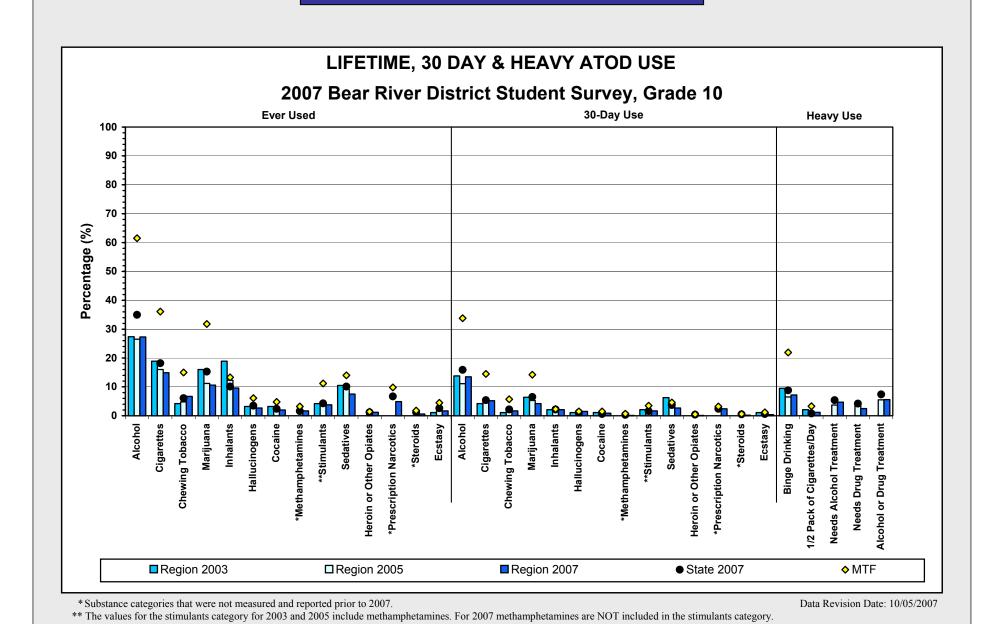
- 1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
- 2. target specific performance objectives,
- 3. be based on scientific research and be proven to reduce violence or drug use,
- 4. be based on the analysis of predictor variables such as risk and protective factors,
- 5. include meaningful and on-going parental input in program implementation, and
- 6. have periodic evaluations of established performance measures.

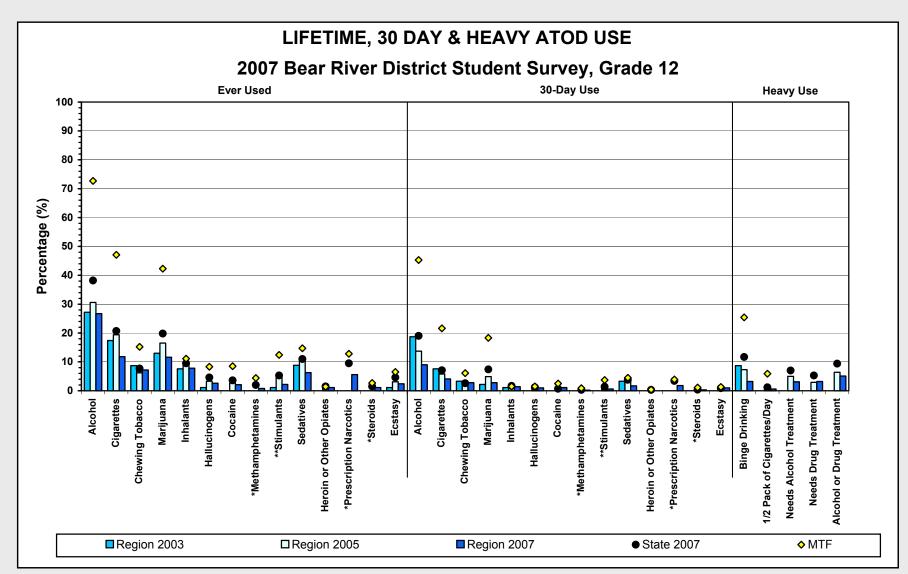
The results of the PNA Survey presented in this report can help your school and community comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.



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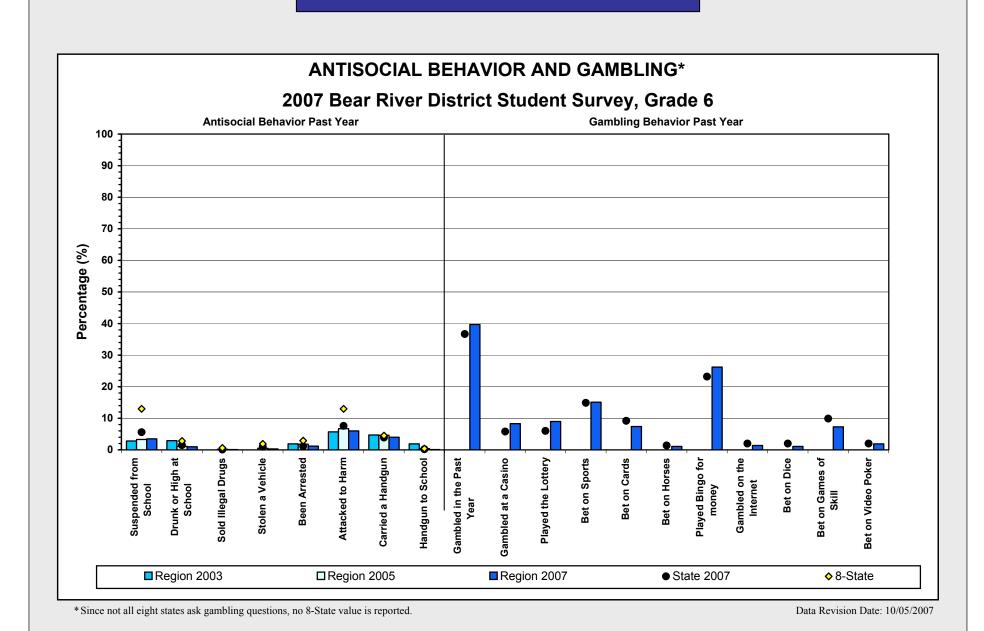


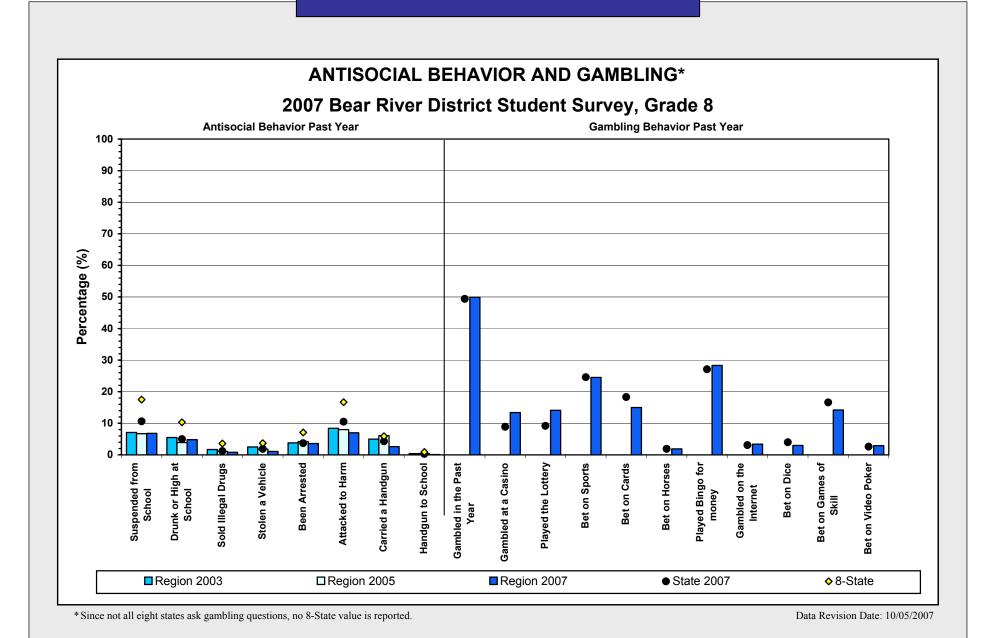


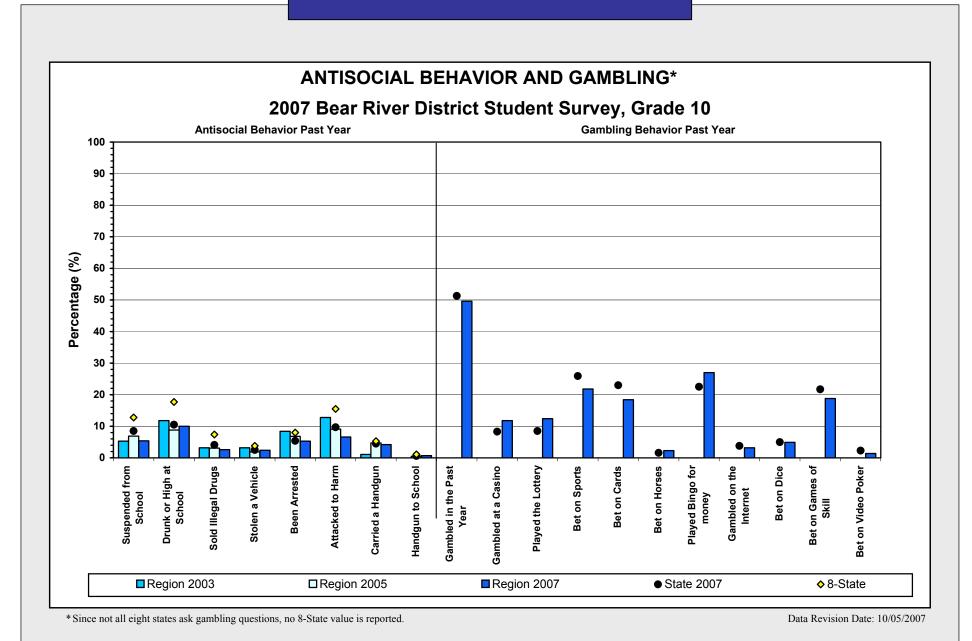


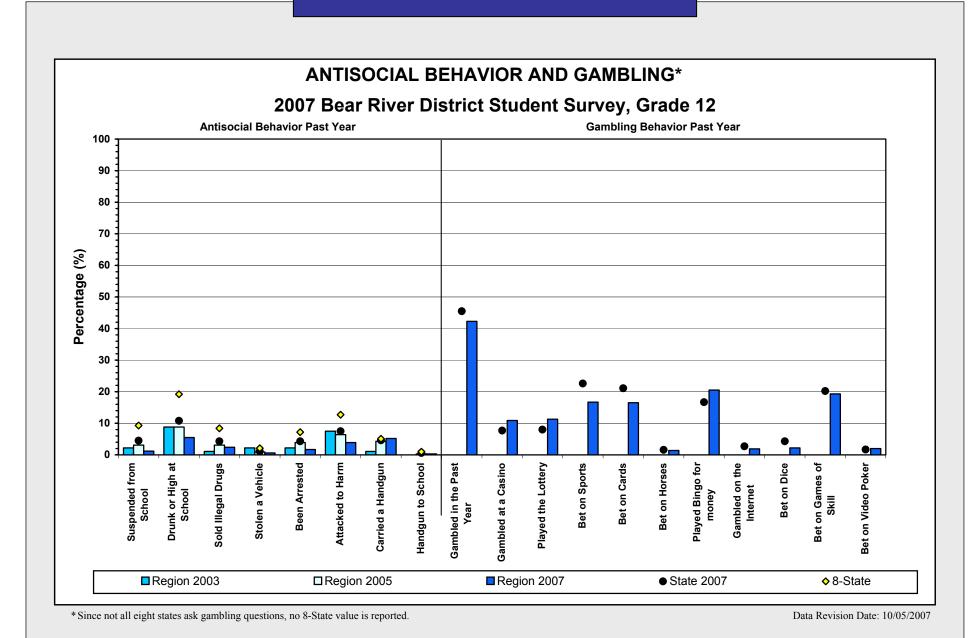
<sup>\*</sup>Substance categories that were not measured and reported prior to 2007.

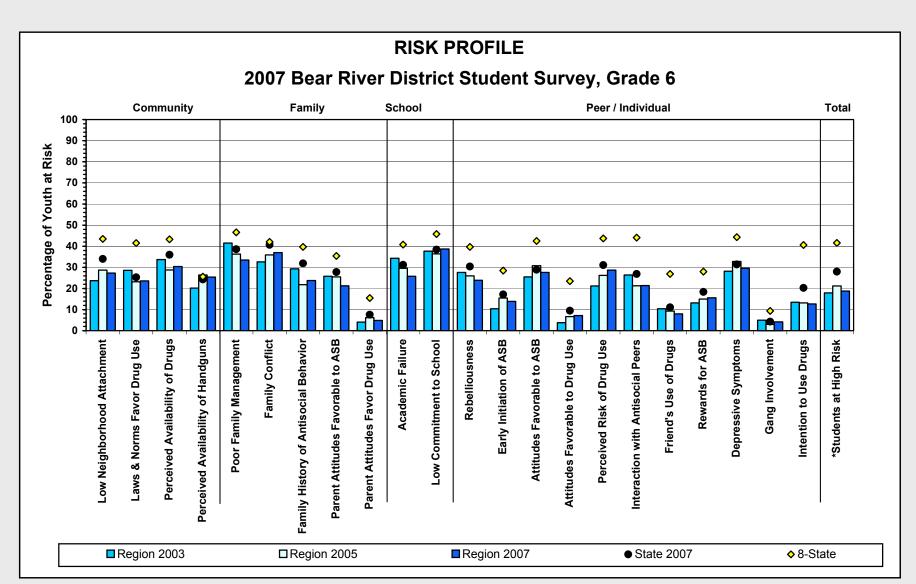
<sup>\*\*</sup> The values for the stimulants category for 2003 and 2005 include methamphetamines. For 2007 methamphetamines are NOT included in the stimulants category.



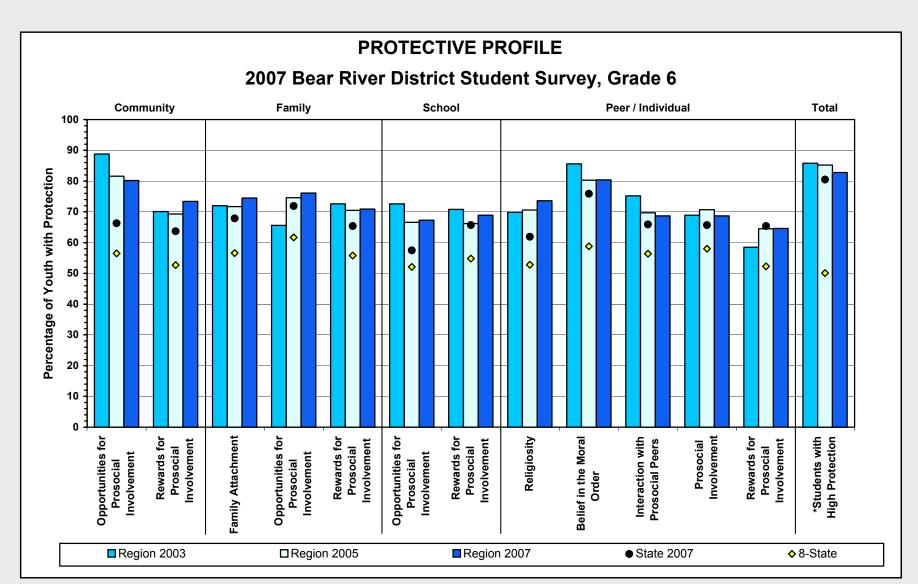




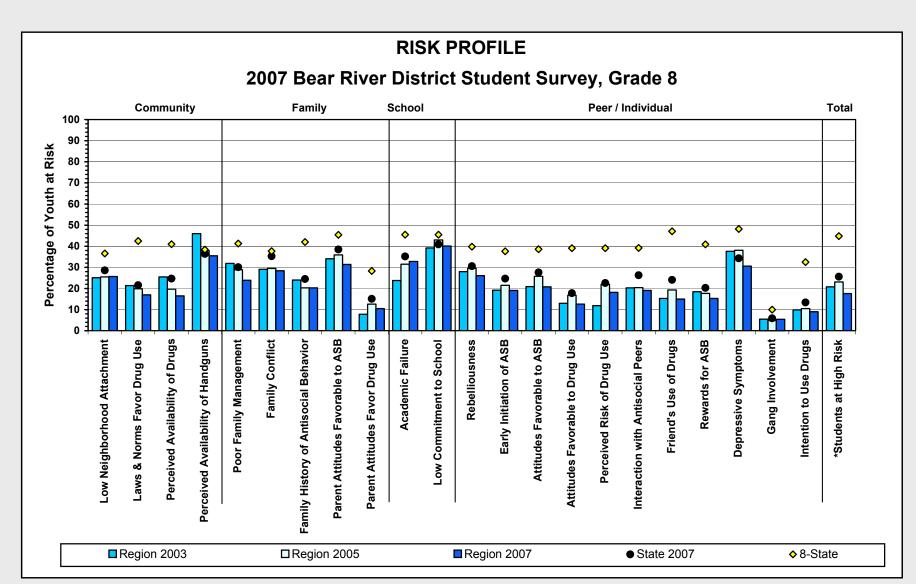




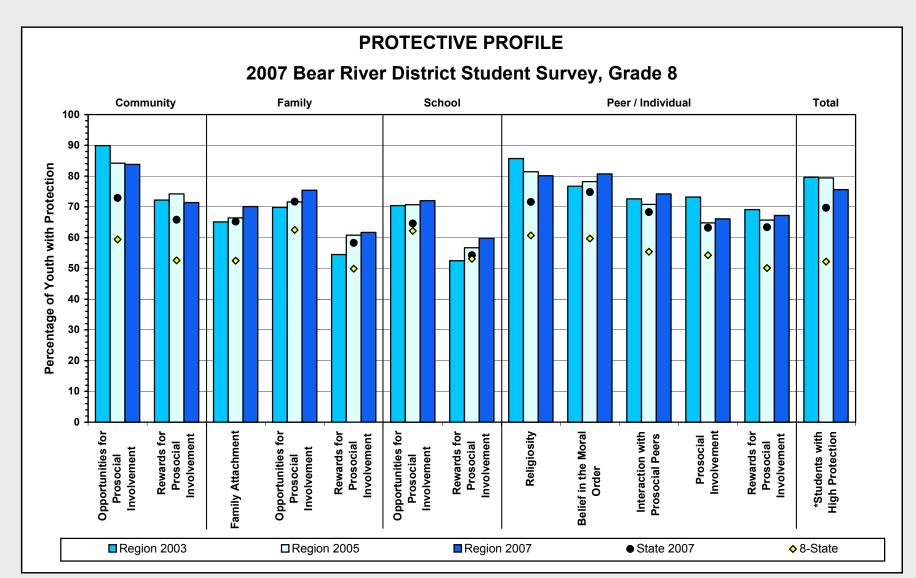
<sup>\*</sup> High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 7th-8th grade: 8 or more risk factors, 9th-12th grades: 9 or more risk factors)



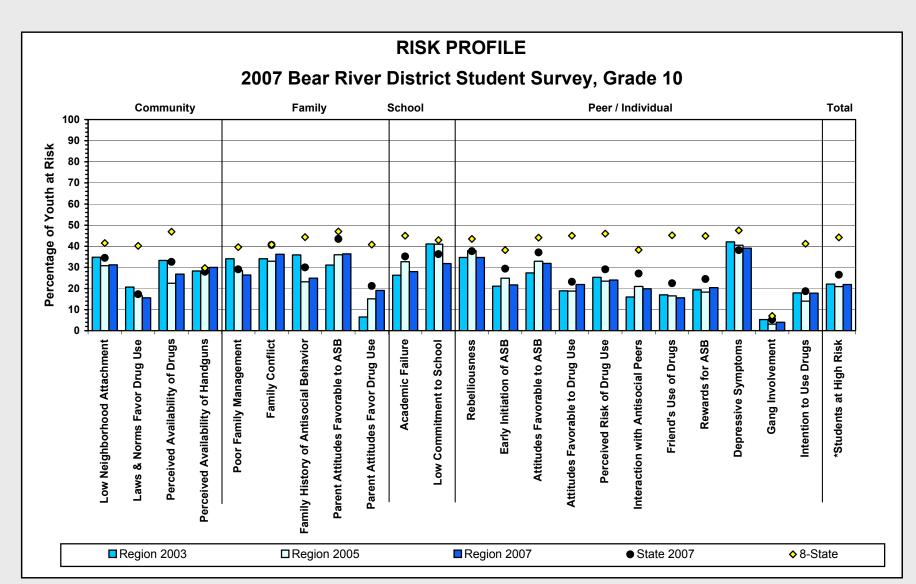
<sup>\*</sup> High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors, 7th-12th grade: 5 or more protective factors)



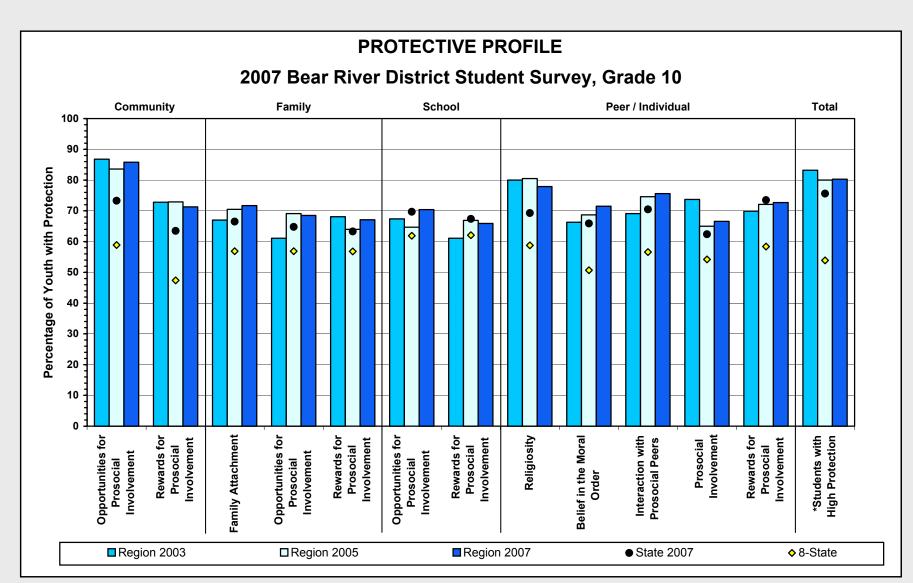
<sup>\*</sup> High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 7th-8th grade: 8 or more risk factors, 9th-12th grades: 9 or more risk factors)



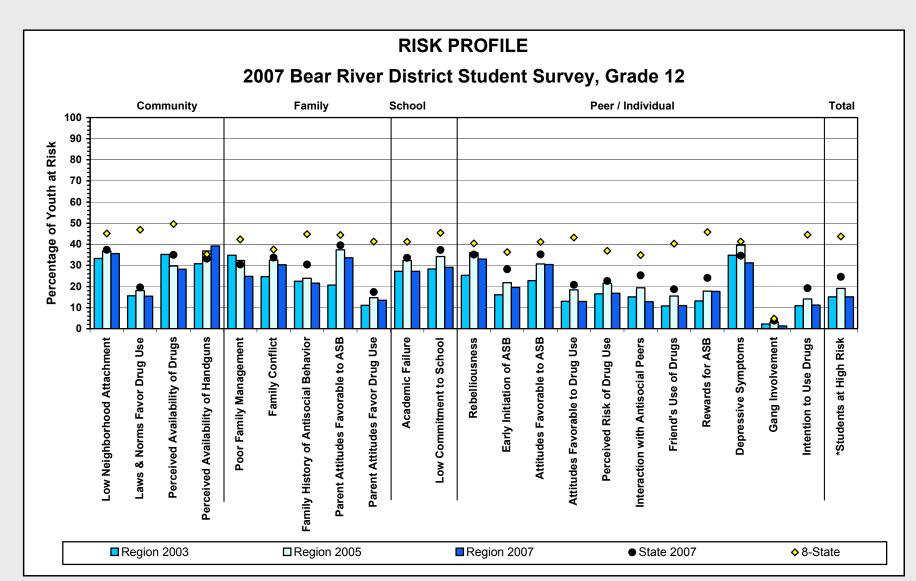
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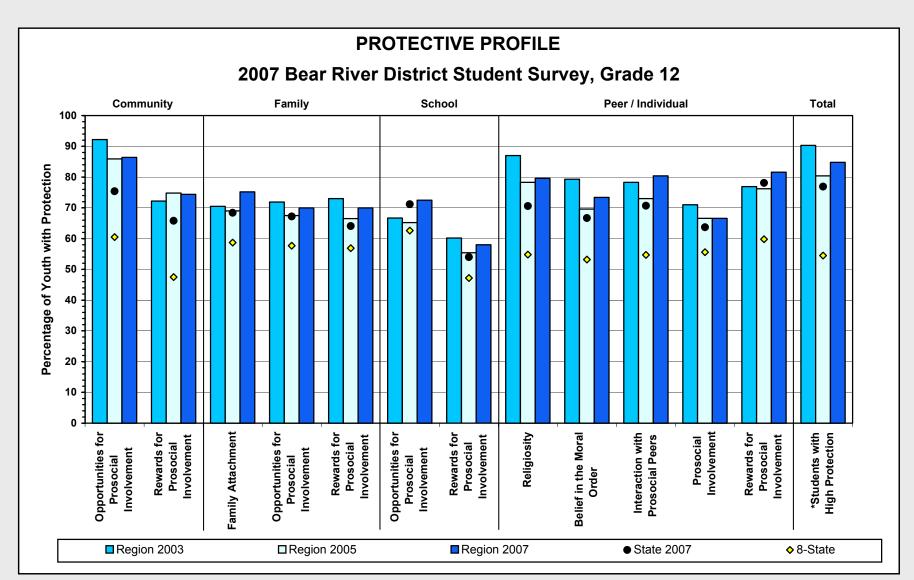
<sup>\*</sup> High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 7th-8th grade: 8 or more risk factors, 9th-12th grades: 9 or more risk factors)



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## **Risk and Protective Factors**

## The Risk and Protective Factor Model of Substance Abuse Prevention

Many states, school districts and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth. Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research include social bonding to family, school, community, and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior.

By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as an elevated risk factor in a

community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance.

The chart below shows the links between the 19 risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

	Pro	oblei	n Be	havi	ors
Youth at Risk	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community					
Availability of Drugs and Firearms	1	1			1
Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	/	1			1
Media Portrayals of Violence					1
Transitions and Mobility	1	1		1	
Low Neighborhood Attachment and Community Disorganization	1	1			1
Extreme Economic and Social Deprivation	1	1	1	1	1
Family					
Family History of the Problem Behavior	1	1	1	1	1
Family Management Problems	1	1	1	1	1
Family Conflict	✓	✓	<b>√</b>	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	>	>			✓
School					
Academic Failure in Elementary School	/	<b>√</b>	<b>√</b>	<b>√</b>	1
Lack of Commitment to School	1	1	1	1	1
Peer / Individual					
Early and Persistent Antisocial Behavior	1	✓	✓	✓	1
Alienation and Rebelliousness	<b>\</b>	>		>	
Friends Who Use Drugs and Engage in a Problem Behavior	<b>\</b>	/	>	>	<b>✓</b>
Gang Involvement	✓	✓			✓
Favorable Attitudes Toward Drug Use and Other Problem Behaviors	1	1	<b>\</b>	<b>\</b>	
Early Initiation of the Problem Behavior	1	1	✓	✓	✓
Constitutional Factors	1	1			1

## Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important data source for the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework (SPF). CSAP created this five-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programs.

- Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery: The SPF begins with an assessment of the needs in the community that is based on data. The Utah State Epidemiological Outcomes Workgroup (SEOW) has compiled data from several sources to aid in the needs assessment process. One of the primary sources of needs assessment data is this Prevention Needs Assessment Survey (PNA). While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, and community readiness.
  - Community Needs Assessment: The PNA results presented in this Profile Report will help you to identify needs for prevention services. PNA data include adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors.
  - Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized substance abuse problems and identified risk and protective factors. It is important to identify the assets and resources that already exist in the community and the gaps in services and capacity.
  - Community Readiness Assessment: It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.
- **Step 2: Mobilize and/or Build Capacity to Address Needs:** Engagement of key stakeholders at the State and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.
- **Step 3: Develop a Comprehensive Strategic Plan:** States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on the assessments conducted during Step 1. The Plan should address the priority needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities.
- Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring and identifying the risk factors and other causal factors that contribute to the targeted problems specified in your strategic plan, programs can be implemented that will reduce the prioritized substance abuse problems. After completing Steps 1, 2, and 3, communities will be able to choose prevention strategies that have been shown to be effective, are appropriate for the population served, can be implemented with fidelity, are culturally appropriate, and can be sustained over time. The Western Center for the Application of Prevention Technology has developed an internet tool located at <a href="http://casat.unr.edu/bestpractices/search.php">http://casat.unr.edu/bestpractices/search.php</a> for identifying Best Practice Programs. Another resource for evidence-based prevention practices is SAMHSA's National Registry of Evidence-based Programs and Practices <a href="http://www.nrepp.samhsa.gov">www.nrepp.samhsa.gov</a>.
- Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the desired outcomes are achieved, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices. The PNA allows communities to monitor levels of ATOD use, antisocial behavior, risk, and protection.

## **Tools for Assessment and Planning**

## **School and Community Improvement Using Survey Data**

## Why Conduct the Prevention Needs Assessment Survey?

Data from the Prevention Needs Assessment Survey can be used to help school and community planners assess current conditions and prioritize areas of greatest need.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). The steps outlined here will help your school and community make kev decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

## What are the numbers telling you?

Review the charts and data tables presented in this report. Using the table below, note your findings as you discuss the following questions.

- Which 3-5 risk factors appear to be higher than you would want?
- Which 3-5 protective factors appear to be lower than you would want?
- Which levels of 30-day drug use are increasing and/or unacceptably high?
  - o Which substances are your students using the most?
  - o At which grades do you see unacceptable usage levels?
- Which levels of antisocial behaviors are increasing and/or unacceptably high?
  - o Which behaviors are your students exhibiting the most?
  - o At which grades do you see unacceptable behavior levels?

## How to decide if a rate is "unacceptable."

- Look across the charts to determine which items stand out as either much higher or much lower than the other?
- Compare your data with statewide and national data. Generally, differences of 5% between local and other data are probably significant.
- **Determine the standards and values held within your community.** For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state percentage?

## Use these data for planning.

- The data in the substance use, antisocial behavior and gambling charts can raise awareness about the problems and promote dialogue.
- **Risk and protective factor levels** can be used to identify exactly where the community needs to take action by noting which risk factors are high and which protective factors are low.
- The SPF SIG planning model can guide your prevention planning process. Use the resources listed on the last page of this report, *Contacts for Prevention*, for ideas about prevention programs that have proven effective in addressing the risk factors that are high in your community and improving the protective factors that are low.

## **MEASURE**

Risk Factors
Protective Factors
Substance Use
Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

**Table 2. Risk and Protective Factor Scale Definitions** 

	and I folective Pactor Scare Definitions
	Community Domain Risk Factors
Low Neighborhood Attachment	A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling.
Laws and Norms Favorable Toward Drug Use	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
Perceived Availability of Drugs and Handguns	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns is also related to a higher risk of crime and substance use by adolescents.
	Community Domain Protective Factors
Opportunities for Positive Involvement	When opportunities are available in a community for positive participation, youth are less likely to engage in substance use and other problem behaviors.
Rewards for Positive Involvement	Rewards for positive participation in activities helps youth bond to the community, thus lowering their risk for substance use.
	Family Domain Risk Factors
Family History of Antisocial Behavior	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
Family Conflict	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
Parental Attitudes Favorable Toward Antisocial Behavior & Drugs	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
Poor Family Management	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems
	Family Domain Protective Factors
Family Attachment	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
Opportunities for Positive Involvement	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
Rewards for Positive Involvement	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
	School Domain Risk Factors
Academic Failure	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
Low Commitment to School	Surveys of high school seniors have shown that the use of hallucinogens, cocaine, heroin, stimulants, and sedatives or non-medically prescribed tranquilizers is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.

Table 2. Risk and Protection	ve Factor Scale Definitions (Continued)
	School Domain Protective Factors
Opportunities for Positive Involvement	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
Rewards for Positive Involvement	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors
	Peer-Individual Risk Factors
Early Initiation of Antisocial Behavior and Drug Use	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
Attitudes Favorable Toward Antisocial Behavior and Drug Use	During the elementary school years, most children express anti-drug, anti-crime, and prosocial attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
Friends' Use of Drugs	Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
Interaction with Antisocial Peers	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
Perceived Risk of Drug Use	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
Rewards for Antisocial Behavior	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
Rebelliousness	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
Intention to Use ATODs	Many prevention programs focus on reducing the intention of participants to use ATODs later in life. Reduction of intention to use ATODs often follows successful prevention interventions.
Depressive Symptoms	Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors.
Gang Involvement	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
	Peer-Individual Protective Factors
Religiosity	Young people who regularly attend religious services are less likely to engage in problem behaviors.
Belief in the Moral Order	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
Prosocial Involvement	Participation in positive school and community activities helps provide protection for youth.
Rewards for Prosocial Involvement	Young people who view working hard in school and the community are less likely to engage in problem behavior.
Interaction with Prosocial Peers	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.

Grade 6 Grade 8 Grade 10 Grade 12  Paging Pa																	
			Gra	de 6			Gra	ide 8			Gra	de 10			Gra	de 12	
	Number of Youth	Region 2003	Region 2005	Region 2007	State 2007												
		106	1793	1770	14547	240	1611	1598	13367	95	1245	836	10164	93	895	666	8074
Table 4. Percentage of	f Students Who Used ATODs During Th	eir Lifeti	ime														
			Gra	de 6			Gra	ide 8			Gra	de 10			Gra	de 12	
(One or more occasions	many occasions (if any) have you used s)	Region 2003	Region 2005	Region 2007	State 2007												
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	4.8	7.4	5.0	11.3	14.8	18.5	14.4	23.2	27.4	26.5	27.3	35.0	27.2	30.6	26.7	38.2
Cigarettes	smoked cigarettes?	1.9	4.0	2.9	3.9	9.4	12.1	9.5	11.2	18.9	16.0	14.9	18.2	17.4	19.4	11.8	20.7
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	1.0	1.0	1.1	1.0	3.4	3.4	2.4	3.1	4.2	4.8	6.7	6.1	8.7	6.2	7.2	7.7
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	0.0	0.5	0.3	1.0	4.2	4.9	4.0	6.0	16.0	11.2	10.6	15.3	13.0	16.5	11.6	19.8
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	8.7	8.7	7.0	6.3	11.8	14.2	9.8	10.8	18.9	12.3	9.6	10.1	7.6	9.8	7.8	9.5
Hallucinogens	used LSD or other hallucinogens?	0.0	0.5	0.4	0.3	0.8	1.6	1.1	1.1	3.2	3.1	2.7	3.5	1.1	3.3	2.6	4.6
Cocaine	used cocaine or crack?	1.0	0.4	0.2	0.3	8.0	1.0	0.6	1.1	3.2	2.2	2.0	2.4	0.0	2.7	2.1	3.6
Methamphetamines*	used methamphetamines (meth, speed, crank, crystal meth)?	n/a	n/a	0.1	0.2	n/a	n/a	0.6	0.9	n/a	n/a	1.7	1.6	n/a	n/a	0.8	2.0
Stimulants**	used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them?	1.0	0.9	0.6	0.5	0.8	1.7	1.6	1.5	4.2	3.5	3.8	4.3	1.1	4.8	2.2	5.3
Sedatives	used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	1.9	3.2	3.1	3.2	5.9	6.4	4.5	6.3	10.5	9.3	7.5	10.1	8.8	11.2	6.3	11.0
Heroin or Other Opiates	used heroin or other opiates?	0.0	0.2	0.1	0.2	0.4	0.7	0.3	0.5	0.0	1.4	1.2	1.2	0.0	2.0	1.1	1.5
Prescription Narcotics*	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	n/a	n/a	0.5	0.4	n/a	n/a	1.6	2.2	n/a	n/a	4.9	6.7	n/a	n/a	5.6	9.5
Steroids*	used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone)?	n/a	n/a	0.7	0.8	n/a	n/a	1.3	1.3	n/a	n/a	0.6	1.2	n/a	n/a	1.1	1.5
Ecstasy	used MDMA ('X', 'E', or ecstasy)?	0.0	0.2	0.1	0.1	0.4	0.6	0.7	8.0	1.1	1.7	1.7	2.6	1.1	3.1	2.4	4.6

<sup>\*</sup> Substance categories that were not measured and reported prior to 2007.

\*\* The values for the stimulants category for 2003 and 2005 include methamphetamines. For 2007 methamphetamines are NOT included in the stimulants category.

In the past 30 days, on	n how many occasions (if any)		Gra	ide 6			Gra	de 8			Gra	de 10			Gra	de 12	
have you used (One or more occasion	, ,,	Region 2003	Region 2005	Region 2007	State 2007												
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	0.0	1.6	1.2	1.8	5.1	6.5	5.1	8.7	13.8	11.1	13.5	15.9	18.7	13.7	9.0	19.
Cigarettes	smoked cigarettes?	1.9	0.3	0.3	0.5	3.8	2.7	2.2	2.3	4.2	5.1	5.2	5.4	7.6	5.8	4.1	7.
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	1.0	0.2	0.1	0.2	1.7	1.4	0.7	1.1	1.1	2.3	1.7	2.2	3.3	1.9	2.8	2
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	0.0	0.2	0.1	0.3	2.5	2.1	1.3	2.4	6.4	5.3	4.2	6.5	2.2	4.9	2.8	7.
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	3.8	3.2	2.0	2.1	5.1	5.2	3.3	3.3	2.1	2.8	2.1	2.2	1.1	1.0	1.4	1.
Hallucinogens	used LSD or other hallucinogens?	0.0	0.6	0.2	0.2	0.4	0.7	0.3	0.4	1.1	1.3	1.5	1.1	0.0	1.0	1.0	1.
Cocaine	used cocaine or crack?	1.0	0.2	0.0	0.0	0.4	0.5	0.2	0.3	1.1	1.3	0.9	0.6	0.0	0.3	1.1	0.
Methamphetamines*	used methamphetamines (meth, speed, crank, crystal meth)?	n/a	n/a	0.1	0.1	n/a	n/a	0.1	0.3	n/a	n/a	0.1	0.3	n/a	n/a	0.2	0.
Stimulants**	used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them?	0.0	0.3	0.1	0.1	0.0	0.9	0.9	0.5	2.1	1.9	1.7	1.6	0.0	1.3	0.6	1.
Sedatives	used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	0.0	1.1	1.0	1.0	2.1	2.8	2.2	2.1	6.3	4.4	2.7	3.7	3.3	4.5	1.7	3.
Heroin or Other Opiates	used heroin or other opiates?	0.0	0.0	0.1	0.0	0.0	0.2	0.1	0.1	0.0	0.4	0.1	0.4	0.0	0.4	0.0	0.
Prescription Narcotics*	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	n/a	n/a	0.1	0.1	n/a	n/a	0.5	0.8	n/a	n/a	2.4	2.4	n/a	n/a	1.8	3.
Steroids*	used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone)?	n/a	n/a	0.3	0.2	n/a	n/a	0.3	0.3	n/a	n/a	0.2	0.5	n/a	n/a	0.3	0.

<sup>\*</sup> Substance categories that were not measured and reported prior to 2007.

<sup>\*\*</sup> The values for the stimulants category for 2003 and 2005 include methamphetamines. For 2007 methamphetamines are NOT included in the stimulants category.

i able 6. Percenta	age of Students With Heavy	AIOD						1 0				1 40				1 40	
			Gra	de 6			Gra	de 8			Grad	de 10			Grad	de 12	
		Region 2003	Region 2005	Region 2007	State 2007												
Binge Drinking	How many times have you had 5 or more alcoholic drinks in a row in the past 2 weeks?	1.9	1.0	0.7	1.7	4.7	3.9	2.8	5.1	9.5	6.5	7.2	8.8	8.7	7.3	3.2	11.7
1/2 Pack of Cigarettes/Day	During the past 30 days, have you smoked 1/2 pack of cigarettes a day or more?	0.0	0.1	0.0	0.0	0.4	0.3	0.4	0.4	2.1	1.1	1.2	0.8	0.0	0.7	0.6	1.2
Needs Alcohol Treatment	Answered "Yes" to at least 3 alcohol treatment questions and has used alcohol on 10 or more occasions	n/a	0.1	0.2	0.2	n/a	1.4	1.0	2.0	n/a	3.7	4.7	5.4	n/a	5.0	3.1	7.0
Needs Drug Treatment	Answered "Yes" to at least 3 drug treatment questions and has used any drug on 10 or more occasions	n/a	0.1	0.0	0.2	n/a	1.4	1.0	1.3	n/a	4.0	2.5	4.2	n/a	2.9	3.2	5.3
Alcohol or Drug Treatment	Needs alcohol and/or drug treatment	n/a	0.2	0.2	0.4	n/a	2.2	1.7	2.7	n/a	5.5	5.6	7.4	n/a	6.4	5.1	9.4
Table 7. Percenta	age of Students With Antiso	ocial Bel	navior in	the Past	Year												
How many times	in the past year		Gra	de 6			Gra	de 8			Grad	de 10			Grad	de 12	
(12 months) hav (One or more tin	e you:	Region 2003	Region 2005	Region 2007	State 2007												
Been Suspended	from School	2.8	3.3	3.5	5.6	7.1	6.7	6.8	10.6	5.3	6.9	5.4	8.5	2.2	3.1	1.2	4.5
Been Drunk or Hi	0	2.9	1.1	1.0	1.5	5.5	3.9	4.8	5.0	11.8	8.8	10.0	10.5	8.8	8.8	5.5	10.8
Sold Illegal Drugs	3	0.0	0.2	0.1	0.1	1.7	1.1	8.0	1.2	3.2	3.1	2.6	4.1	1.1	3.1	2.4	4.3
Stolen or Tried to Motor Vehicle	Steal a	0.0	0.5	0.3	1.0	2.5	1.8	1.1	1.9	3.2	1.9	2.4	2.5	2.2	0.9	0.6	1.1
Been Arrested		1.9	1.8	1.2	1.1	3.8	4.2	3.6	3.7	8.4	6.8	5.3	5.4	2.2	3.9	1.7	4.3
Attacked Someor of Seriously Hurti		5.7	6.7	6.0	7.6	8.4	8.0	7.0	10.5	12.8	9.1	6.6	9.7	7.5	6.4	3.9	7.5
Carried a Handgu	ın	4.7	4.6	4.0	3.9	5.0	6.1	2.6	4.3	1.1	4.7	4.2	4.5	1.1	4.3	5.2	4.6
Carried a Handgu	un to School	1.9	0.4	0.1	0.2	0.4	0.4	0.1	0.3	0.0	0.5	0.7	0.6	0.0	0.3	0.3	0.6

How many times in the past year		Gra	de 6			Gra	de 8			Grad	de 10			Grad	de 12	
(12 months) have you: ('A few times' or more)	Region 2003	Region 2005	Region 2007	State 2007												
Gambled in the Past Year	n/a	n/a	39.7	36.7	n/a	n/a	49.9	49.4	n/a	n/a	49.6	51.3	n/a	n/a	42.3	45.5
Gambled at a Casino	n/a	n/a	8.3	5.8	n/a	n/a	13.4	8.9	n/a	n/a	11.8	8.3	n/a	n/a	10.9	7.7
Played the Lottery	n/a	n/a	9.0	6.0	n/a	n/a	14.1	9.2	n/a	n/a	12.4	8.5	n/a	n/a	11.3	8.0
Bet on Sports	n/a	n/a	15.1	14.9	n/a	n/a	24.5	24.6	n/a	n/a	21.8	25.9	n/a	n/a	16.7	22.6
Bet on Cards	n/a	n/a	7.4	9.2	n/a	n/a	15.0	18.3	n/a	n/a	18.4	23.0	n/a	n/a	16.5	21.1
Bet on Horses	n/a	n/a	1.1	1.4	n/a	n/a	1.9	1.9	n/a	n/a	2.3	1.6	n/a	n/a	1.4	1.6
Played Bingo for money	n/a	n/a	26.2	23.2	n/a	n/a	28.3	27.1	n/a	n/a	27.0	22.5	n/a	n/a	20.5	16.7
Gambled on the Internet	n/a	n/a	1.4	2.0	n/a	n/a	3.4	3.1	n/a	n/a	3.2	3.8	n/a	n/a	1.9	2.7
Bet on Dice	n/a	n/a	1.1	2.0	n/a	n/a	3.0	4.0	n/a	n/a	4.9	5.0	n/a	n/a	2.2	4.3
Bet on Games of Skill	n/a	n/a	7.3	9.9	n/a	n/a	14.2	16.6	n/a	n/a	18.8	21.7	n/a	n/a	19.3	20.2
Bet on Video Poker	n/a	n/a	1.9	2.0	n/a	n/a	2.9	2.6	n/a	n/a	1.4	2.3	n/a	n/a	2.0	1.7
Table 9. Percentage of Students Reporting	Protection	on														
		Gra	de 6			Gra	de 8			Grad	de 10			Grad	de 12	
Protective Factor	Region 2003	Region 2005	Region 2007	State 2007												
Community Domain																
Opportunities for Prosocial Involvement	88.8	81.6	80.2	66.3	89.9	84.2	83.8	72.9	86.8	83.6	85.8	73.3	92.2	85.9	86.4	75.4
Rewards for Prosocial Involvement	70.1	69.3	73.4	63.7	72.2	74.2	71.4	65.8	72.8	72.9	71.3	63.5	72.2	74.8	74.4	65.8
Family Domain																
Family Attachment	72.0	71.7	74.5	67.9	65.1	66.4	70.1	65.2	67.0	70.5	71.7	66.5	70.5	69.0	75.2	68.4
Opportunities for Prosocial Involvement	65.6	74.6	76.1	71.9	69.8	71.6	75.4	71.7	61.1	69.1	68.5	64.8	71.9	67.5	70.0	67.2
Rewards for Prosocial Involvement	72.6	70.5	70.9	65.4	54.5	60.8	61.7	58.3	68.1	64.0	67.1	63.3	73.0	66.5	70.0	64.1
School Domain																
Opportunities for Prosocial Involvement	72.6	66.6	67.3	57.5	70.4	70.7	72.0	64.6	67.4	64.7	70.4	69.7	66.7	65.2	72.5	71.2
Rewards for Prosocial Involvement	70.8	66.2	68.9	65.7	52.5	56.7	59.8	54.3	61.1	66.9	65.9	67.4	60.2	55.4	58.0	54.0
Peer-Individual Domain																
Religiosity	69.9	70.6	73.6	61.9	85.7	81.4	80.1	71.6	80.0	80.5	77.9	69.3	87.0	78.3	79.6	70.6
Belief in the Moral Order	85.6	80.3	80.4	75.9	76.7	78.2	80.7	74.8	66.3	68.7	71.5	65.9	79.3	69.6	73.4	66.7
Interaction with Prosocial Peers	75.2	69.7	68.7	65.9	72.6	70.8	74.2	68.3	69.1	74.6	75.6	70.5	78.3	73.0	80.4	70.7
Prosocial Involvement	68.9	70.7	68.7	65.7	73.2	64.8	66.1	63.2	73.7	65.0	66.6	62.4	71.0	66.6	66.6	63.7
Rewards for Prosocial Involvement	58.5	64.5	64.6	65.4	69.1	65.7	67.2	63.4	69.9	72.1	72.7	73.5	76.9	76.2	81.6	78.1
Total Protection			05		55.1		Ţ <u> </u>		55.5	. =		. 5.5	. 5.5		00	

<sup>\*</sup> High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors, 7th-12th grades: 5 or more protective factors)

Table 10. Percentage of Students Reportin	g Risk															
		Gra	de 6			Gra	de 8			Grad	de 10			Grad	de 12	
Risk Factor	Region 2003	Region 2005	Region 2007	State 2007												
Community Domain																
Low Neighborhood Attachment	23.7	28.7	27.3	34.0	25.1	25.5	25.7	28.6	34.8	30.8	31.2	34.5	33.3	36.7	35.6	37.4
Laws & Norms Favor Drug Use	28.6	23.2	23.6	25.3	21.4	19.9	17.0	21.6	20.7	16.6	15.6	17.3	15.6	18.1	15.4	19.6
Perceived Availability of Drugs	33.7	28.8	30.4	36.0	25.5	19.7	16.5	24.7	33.3	22.5	26.8	32.6	35.2	29.7	28.2	35.0
Perceived Availability of Handguns	20.2	26.4	25.4	24.3	46.0	38.0	35.5	36.4	28.3	28.1	30.0	27.9	30.8	36.8	39.2	33.2
Family Domain																
Poor Family Management	41.5	36.3	33.5	38.6	31.9	28.9	23.9	30.1	34.1	28.5	26.4	29.1	34.8	32.3	24.8	30.4
Family Conflict	32.6	35.9	37.0	40.7	29.1	29.5	28.4	35.3	34.1	32.9	36.2	40.6	24.7	32.5	30.3	33.7
Family History of Antisocial Behavior	29.3	21.8	23.8	31.9	24.0	20.3	20.3	24.5	35.9	23.2	24.9	30.0	22.5	23.9	21.6	30.4
Parent Attitudes Favorable to ASB	25.8	25.5	21.3	27.8	34.1	35.9	31.4	38.5	31.1	36.0	36.4	43.5	20.7	37.4	33.6	39.5
Parent Attitudes Favor Drug Use	4.1	6.2	4.9	7.6	7.8	12.6	10.5	15.1	6.5	15.1	19.1	21.2	11.1	14.7	13.5	17.4
School Domain																
Academic Failure	34.3	29.6	25.8	31.2	23.8	31.5	32.8	35.2	26.3	32.7	28.0	35.2	27.2	32.3	27.2	33.6
Low Commitment to School	37.7	36.4	38.7	38.4	39.2	43.0	40.1	40.9	41.1	41.0	31.8	36.3	28.3	34.2	29.1	37.3
Peer-Individual Domain																
Rebelliousness	27.6	26.0	23.9	30.4	28.0	29.6	26.1	30.6	34.7	37.9	34.7	37.7	25.3	36.0	33.0	35.1
Early Initiation of ASB	10.4	15.5	13.9	17.2	19.2	21.5	19.1	24.7	21.1	24.9	21.7	29.4	16.1	21.8	19.6	28.2
Early Initiation of Drug Use	6.6	11.0	8.5	14.4	15.9	16.9	13.4	19.2	17.9	15.0	13.8	19.6	12.9	17.3	13.5	20.8
Attitudes Favorable to ASB	25.5	30.8	27.6	28.9	20.9	25.8	20.8	27.6	27.4	32.9	31.9	37.1	22.8	30.7	30.4	35.2
Attitudes Favorable to Drug Use	3.8	6.7	7.2	9.5	13.0	16.8	12.6	17.8	18.9	18.8	21.9	23.2	13.0	18.4	12.9	20.8
Perceived Risk of Drug Use	21.2	26.2	28.7	31.1	11.9	22.0	18.2	22.6	25.3	23.5	24.0	29.1	16.5	21.5	16.8	22.6
Interaction with Antisocial Peers	26.4	21.3	21.4	26.9	20.3	20.4	19.1	26.3	16.0	21.0	19.9	27.1	15.1	19.4	12.8	25.3
Friend's Use of Drugs	10.4	9.3	8.0	11.1	15.3	19.3	15.0	24.1	17.0	16.5	15.6	22.5	10.8	15.5	11.0	18.7
Rewards for ASB	13.2	15.0	15.6	18.4	18.5	17.7	15.3	20.3	19.4	18.3	20.4	24.5	13.2	17.8	17.7	24.1
Depressive Symptoms	28.2	32.8	29.6	31.4	37.6	38.1	30.6	34.3	42.1	40.5	39.1	38.2	34.8	39.6	31.2	34.6
Intention to Use Drugs	13.5	13.2	12.7	20.3	9.9	10.5	9.0	13.4	17.9	14.0	17.8	18.7	10.9	14.1	11.2	19.2
Gang Involvement	5.0	3.0	4.2	4.3	5.5	4.9	5.4	5.9	5.3	3.1	4.0	5.3	2.2	3.1	1.3	3.8
Total Risk																
Students at High Risk*	17.9	21.2	18.8	28.0	20.8	23.1	17.6	25.6	22.1	20.9	21.9	26.5	15.1	19.1	15.1	24.6

<sup>\*</sup> High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 7th-8th grade: 8 or more risk factors, 9th-12th grades: 9 or more risk factors)

Table 11. Drug Free Communities I	Report*															
									Regio	n 2007						
Outcome	Definition	Substance	Gra	de 6	Gra	de 8	Grad	de 10	Grad	de 12	M	ale	Fer	nale	Tot	tal†
			Percent	Number												
	drink 1 or two drinks nearly every day	Alcohol	84.3	1673	84.3	1566	83.7	819	82.7	653	79.9	2183	86.9	2472	83.8	4711
Perception of Risk (People are at Moderate or Great Risk of harming themselves if they)	smoke 1 or more packs or cigarettes per day	Cigarettes	91.0	1694	93.4	1576	93.1	826	92.8	652	91.0	2198	93.9	2494	92.6	4748
• ,	smoke marijuana regularly	Marijuana	91.9	1631	93.7	1547	91.5	810	91.9	640	90.0	2140	94.2	2434	92.3	4628
Perception of Parent Disapproval	drink beer, wine, or hard liquor regularly	Alcohol	98.6	1510	96.7	1553	93.5	810	91.4	637	95.0	2078	95.0	2381	94.9	4510
Parents feel it would be Wrong or ery Wrong to)	smoke cigarettes	Cigarettes	99.5	1509	98.6	1553	97.9	810	97.0	640	98.2	2080	98.3	2381	98.2	4512
ery Wrong to)	smoke marijuana	Marijuana	99.9	1489	99.6	1545	97.8	807	98.6	637	98.8	2067	99.1	2359	98.9	4478
erception of Peer Disapproval	drink beer, wine, or hard liquor regularly	Alcohol	98.2	1755	94.2	1590	84.3	832	87.0	663	90.2	2252	91.6	2529	90.9	4840
(I think it is Wrong or Very Wrong for someone my age to)	smoke cigarettes	Cigarettes	98.9	1745	96.3	1589	90.6	832	92.5	663	93.5	2249	95.5	2523	94.5	4829
, ,	smoke marijuana	Marijuana	99.4	1748	97.1	1588	90.0	829	91.1	661	93.6	2245	95.1	2524	94.3	4826
		Alcohol	1.2	1697	5.1	1579	13.5	822	9.0	649	7.4	2202	7.0	2489	7.3	4747
Past 30-Day Use	at least one use in the Past 30 Days	Cigarettes	0.3	1635	2.2	1574	5.2	822	4.1	648	3.5	2160	2.4	2462	3.0	4679
		Marijuana	0.1	1686	1.3	1579	4.2	823	2.8	650	3.1	2195	1.1	2487	2.1	4738
		•	Age	Number												
verage Age of Onset** low old were you when you first)	began drinking alcoholic beverages regularly, that is, at least once or twice a month?	Alcohol	11.3	11	12.2	81	14.2	99	15.2	82	14.1	124	14.2	142	14.1	273
(now old were you when you mst)	smoked a cigarette, even just a puff?	Cigarettes	10.3	53	11.3	161	12.5	123	13.8	108	12.5	211	12.5	219	12.5	445
	smoked marijuana?	Marijuana	12.0	7	12.4	61	13.5	95	15.0	89	13.8	131	14.1	112	14.0	252

<sup>\*</sup>The "Number" column represents the sample size (the number of youth who answered the question). The "Percent" column represents the percentage of youth in the sample answering the question as specified.

<sup>\*\*</sup>For Average Age of Onset, "Number" represents the number of youth who reported any age of first use for the specified substance other than "Never Used."

<sup>†</sup>The "Total" column represents responses from students in all grades surveyed. (In order to report individual grades accurately, the grade must have a minimum of twenty students reporting data. The "Total" sample may contain additional data from grades that did not make the sample cutoff, and so may exceed the sum of the individual grade columns displayed.)

Table 12. Additional Data for Prevention Pla	Table 12. Additional Data for Prevention Planning  Grade 6 Grade 8 Grade 10 Grade 12																
			Gra	de 6			Gra	de 8			Grad	de 10			Grad	de 12	
		Region 2003	Region 2005	Region 2007	State 2007												
Safety																	
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to school?	One Or More Days	n/a	n/a	6.5	7.5	n/a	n/a	6.4	9.2	n/a	n/a	9.0	6.7	n/a	n/a	4.8	6.0
During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?	More Than Once	n/a	n/a	19.5	20.2	n/a	n/a	16.6	18.5	n/a	n/a	12.9	12.5	n/a	n/a	8.5	9.1
Discipline																	
My teachers maintain good discipline in the classroom.	Strongly Agree or Agree	n/a	n/a	93.5	92.3	n/a	n/a	81.1	83.6	n/a	n/a	86.3	86.6	n/a	n/a	92.5	87.3
The principle and assistant principal maintain good discipline at my school.	Strongly Agree or Agree	n/a	n/a	93.1	89.6	n/a	n/a	82.8	83.5	n/a	n/a	84.8	83.6	n/a	n/a	85.9	82.9
Perceived vs. Actual ATOD Use*																	
Smoke Cigarettes every day	Perceived Use	n/a	3.6	4.3	2.7	n/a	10.9	11.9	14.3	n/a	18.2	24.0	25.2	n/a	19.6	18.7	24.3
	Actual Use	0.0	0.2	0.1	0.1	8.0	0.8	0.9	0.9	2.1	2.6	2.3	2.3	2.2	2.0	2.3	3.5
Drank Alcohol in past 30 days	Perceived Use	n/a	3.4	5.5	4.5	n/a	13.5	16.8	22.7	n/a	26.3	34.9	41.1	n/a	32.2	32.6	43.4
, ,	Actual Use	0.0	1.6	1.2	1.8	5.1	6.5	5.1	8.7	13.8	11.1	13.5	15.9	18.7	13.7	9.0	19.0
Used Marijuana in past 30 days	Perceived Use	n/a	1.6	1.9	1.5	n/a	8.4	9.2	13.6	n/a	16.9	21.8	26.9	n/a	20.6	19.3	27.9
	Actual Use	0.0	0.2	0.1	0.3	2.5	2.1	1.3	2.4	6.4	5.3	4.2	6.5	2.2	4.9	2.8	7.4

<sup>\*</sup>Perceived ATOD use was not asked in 2003

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## **Prevention Online**

http://ncadi.samhsa.gov/

## **Center for Substance Abuse Prevention**

http://prevention.samhsa.gov/

## **Monitoring the Future**

Survey Research Center 1355 Institute for Social Research P.O. Box 1248 Ann Arbor, MI 48106 http://monitoringthefuture.org

## National Survey on Drug Use and Health

http://www.oas.samhsa.gov/nsduh.htm

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